

**King County
Work & Life Benefits
Life, Accident & Disability Insurance
Plan Summary**

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Directory

If you have questions about ...	Contact...
<ul style="list-style-type: none"> • Benefits eligibility • Enrollment • When coverage begins • Completing the beneficiary form • Filing claims • Other King County Work & Life Benefits • Other plan details for life, AD&D or LTD insurance (basic or enhanced) 	<p>Benefits & Well-Being at 206-684-1556 (8:30 a.m. – 4:30 p.m. Monday – Friday, except 10:30 a.m. – 4:30 p.m. Thursday)</p> <p>www.metrokc.gov/ohrm/benefits</p> <p>Exchange Building Mail Stop EXC – HR-1030 821 Second Avenue Seattle WA 98104-1598</p>



*The information in this booklet is available in accessible formats
 by calling Benefits and Well-Being at 206-684-1556 (voice)
 or through Washington State Telecommunication
 Relay Service at 1-800-833-6388.*



Although this booklet includes certain key features and brief summaries of this life, AD&D and LTD coverage, it does not provide detailed descriptions. If you have questions about specific details, contact Benefits and Well-Being.

We've made every attempt to ensure the accuracy of this information. However, if there is any discrepancy between this booklet and the insurance contracts or other legal documents, the legal documents will always govern.

King County intends to continue these plans indefinitely but reserves the right to amend or terminate them at any time in whole or in part, for any reason, according to the amendment and termination procedures described in the legal documents.

This booklet does not create a contract of employment with King County.

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Life Insurance

Attention Part-Time Local 587 Employees:

See the Special Notice regarding your unique life insurance benefit arrangements on page 9. Contact Benefits and Well-Being for clarification or additional information.

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Highlights

Here are a few highlights of your life insurance:

- If you die for any reason while participating in the basic life insurance plan, the plan pays your beneficiary(ies).
- Accelerated or living benefits may be available in the event of terminal illness.
- You may purchase additional life insurance (called “enhanced” coverage) for you and your eligible family members. See your “Important Facts” booklet for eligibility information.
- You must enroll in enhanced life insurance to enroll your eligible family members.

Basic and enhanced life insurance is provided by Aetna Life Insurance Company.

Important Facts

This booklet describes your life insurance. However, there are many important topics including laws, regulations and county provisions that affect more than just this plan. These provisions can change frequently. To be more efficient, and avoid repetition, we included the following topics in your “Important Facts” booklet:

- What Happens If (you marry or establish a domestic partnership, your employment ends with the county, etc.)
- Eligibility
- Enrolling in the Plans
- When Coverage Begins
- When Coverage Ends
- Termination and Amendment of the Plans.

Who’s Eligible

Refer to your “Important Facts” booklet for information about eligibility and appealing eligibility.

Cost

The county pays the entire cost of *basic* life insurance for eligible employees. If you are eligible and elect *enhanced* life insurance, you pay a monthly premium through payroll deduction. Your cost depends on the amount of insurance you elect, your base salary and your age (the cost for spouse/domestic partner coverage is 50% of the cost for your coverage; child coverage is a flat rate no matter how many children you have).

See your enrollment materials for information on the monthly cost of coverage.

Enrolling in the Plan

You will automatically receive basic life insurance for yourself when you become eligible. If you are a newly hired employee and you want enhanced coverage, you must submit a completed enrollment form to Benefits and Well-Being within 30 days of your hire date; otherwise, you will not receive enhanced coverage. See your enrollment materials for details.

Application for enhanced life insurance does not occur annually. That means if you don't enroll when you're first eligible, you may add enhanced life insurance for yourself and your family members only during the next enrollment period. If you currently have enhanced life insurance:

- You may not increase your enhanced life insurance until the next enrollment period.
- You may drop or reduce enhanced life insurance any time you like – but you won't be able to reapply until the next enrollment period.
- You may be able to add coverage for new eligible family members within 60 days. (See “Making Changes” in your Important Facts booklet.)

If you and your spouse/domestic partner are both county employees, you may cover only yourself for enhanced life insurance — you may not enroll each other for spouse/domestic partner coverage. Only one of you may cover your children for enhanced life insurance. If both of you are enrolled for enhanced life coverage for yourselves and your spouse/domestic partner leaves employment with the county, you will be able to replace enhanced life coverage for family members who would otherwise lose it.

Naming a Beneficiary

You will be asked to complete a form naming your beneficiary for life insurance (even if you don't elect enhanced coverage). You must indicate the percentage you want each beneficiary to receive; the total for all beneficiaries must equal 100%. You may change your beneficiary at any time by completing a new beneficiary form and sending it to Benefits and Well-Being.

You may name anyone you wish as your primary or contingent beneficiary, you may also name more than one beneficiary. If you're married and you do not choose to list your spouse as your only beneficiary, your spouse must sign the spouse waiver on the enrollment form.

Benefits will be paid according to the most recently signed beneficiary form. If you do not name a beneficiary, benefits will be paid to your spouse, your children, your parents or your siblings, in that order. If none of them survives you, benefits will be paid to your estate.

If you elect enhanced life coverage for your family members and your covered family member dies, you will be the beneficiary.

Evidence of Insurability

Evidence of insurability is required for life insurance if:

- You elect 4 times salary of enhanced coverage. You will receive coverage for which you are automatically approved — 3 times salary or less — until your evidence of insurability has been approved. The additional amount of coverage will begin with the first payroll deduction of premiums after the amount has been approved.
- The amount of your spouse/domestic partner's life insurance is more than \$50,000 or increases above the \$50,000 level because of your salary increase. Your spouse or domestic partner will be covered for \$50,000 until the evidence of insurability has been approved. (See “Increases in

Coverage” on page 6.) The additional amount of coverage will begin with the first payroll deduction of premiums after the amount has been approved.

Making Changes

Refer to your “Important Facts” booklet for information about making changes to your coverage.

When Coverage Begins

Refer to your “Important Facts” booklet for information on when coverage begins.

Your Life Insurance

Life insurance benefits are payable if you die for any reason. The county provides your basic life insurance at no cost to you. You may purchase additional life insurance (called “enhanced” coverage) and pay by payroll deduction.

Amount of Coverage

Life insurance amounts depend on your salary. Salary means your annual base pay excluding overtime, bonuses, premium pay or any other special pay.

Employees: You receive basic life insurance of 1 times your salary (rounded to the next higher \$1,000). You have the following options for enhanced life insurance for yourself:

- 1 times salary
- 2 times salary
- 3 times salary
- 4 times salary (evidence of insurability is required).

The combined amount of basic and enhanced life insurance cannot exceed \$400,000.

Family Members: Family life insurance helps protect you against financial burdens, such as funeral expenses, associated with the death of a family member. (See your “Important Facts” booklet for family member eligibility information.)

If you elect enhanced life insurance for yourself, you may also elect it for your family members. You have the following options for enhanced life insurance for your family members:

- Spouse/domestic partner only - 50% of your amount or \$200,000, whichever is less (evidence of insurability is required for amounts over \$50,000)
- Child only - \$500 for a child 14 days to 6 months old; \$5,000 for a child 6 months to 23 years old
- Spouse/domestic partner and child: Spouse/domestic partner - 50% of your amount; child - \$5,000 or \$500, depending on your child’s age.

If you elect coverage for a child, all of your eligible children are covered.

If you and your spouse or domestic partner are both eligible county employees, you may not cover each other as dependents. Either you or your spouse/domestic partner may cover your children – but not both.

Increases in Coverage

Since your coverage amount is a multiple of your salary, your coverage increases as your salary increases.

Increases in Coverage (cont'd)

Employees: Both your basic coverage and any enhanced coverage you elect automatically increases when you receive a salary increase — with no additional evidence of insurability required. (Subject to the combined basic and enhanced maximum of \$400,000.)

Spouse/domestic partner: If you elected enhanced coverage for your spouse or domestic partner, this coverage equals 50% of your coverage amount. If your spouse/domestic partner was previously approved for coverage above \$50,000, any increase due to your raise will be automatic. If your spouse/domestic partner has not yet been approved for coverage above \$50,000, evidence of insurability will be required for any amount above \$50,000. If your spouse/domestic partner has been denied coverage above \$50,000, their coverage will not increase above \$50,000 despite any raise you may receive.

Children: Since children are covered for a flat amount, not based on your salary, any raise you receive will not affect child coverage.

Adjustments to the life insurance benefit due to a salary change automatically occur the first of the month following the salary change, if you are actively at work on that day. Otherwise the adjustment will occur on the first of the month following the date you return to active work.

When Benefits Are Payable

Life insurance benefits are payable if you die for any reason. Insurance is paid in a lump sum. If the amount of your insurance is not an exact multiple of \$1,000, it will be rounded to the next higher \$1,000 (spouse's/domestic partners' coverage will not be rounded up).

This is how a lump sum benefit is paid: when a death benefit of \$10,000 or more is payable to you or an individual beneficiary, it is deposited into an Aetna Benefits Checkbook Account in the person's name. This account will earn competitive money market interest rates. You receive personalized checks for immediate access to all or part of the funds deposited in the account. You may write a check for no less than \$250.

Accelerated Benefit

In the case of a terminal illness, certain benefits may be paid to you while living. You may elect to receive up to 50% of your life insurance benefit (to a maximum of \$200,000) while living if you meet each of the following requirements:

- You must have a life expectancy of 12 months or less.
- You must provide certification of your terminal illness by a physician legally licensed to practice medicine, which must be accepted by the insurance company before accelerated benefits are payable. The insurance company may require an independent medical examination at their expense.

Accelerated benefits are based on the amount of your life insurance on the date the insurance company accepts the certification and will be payable to you in one lump sum. Your life insurance

benefit will be reduced by the amount of the accelerated benefit payment and the remaining benefit will be paid to your beneficiary after your death.

Contact Benefits and Well-Being for more information about the accelerated benefit option. If you have enhanced coverage and elect the accelerated benefit, you must continue paying for your enhanced coverage until your coverage ends.

Keep in mind:

- Accelerated benefits can be used to pay for special nursing requirements or hospice arrangements, needed medical equipment or custodial care or other expenses.
- Accelerated benefits are payable only once during your lifetime.
- Your accelerated benefit payment reduces the amount of your life insurance benefit that may be converted to an individual policy.
- You are responsible for taxes (if any) due to an accelerated benefit payment.
- Your spouse must agree with your accelerated benefit election.

Tax Considerations

You are responsible for income taxes on the value or cost of insurance provided by the county that exceeds \$50,000. This added value will be reflected in your W-2 earnings and is called imputed income; it's determined by the Internal Revenue Service (IRS). Under the Internal Revenue Code, only \$50,000 of employer-provided group life insurance is available tax-free. Your life insurance death benefit is not subject to federal income tax. Consult your tax advisor for more information on taxes and death benefits.

What Happens If

If You Take a Leave of Absence

Once your leave has been approved by your supervisor and personnel representative, you must contact Benefits and Well-Being to make arrangements for continuing your life coverage during a leave of absence. You may continue your life coverage for up to 6 months by paying the premiums.

If You Become Disabled

Your *basic* life insurance continues at no cost to you while you're unable to work due to disability — up to age 65.

To continue *enhanced* life insurance, you must provide Benefits and Well-Being with proof of your disability within 12 months after your disability begins, and annually thereafter. You must also pay your premiums directly to Benefits and Well-Being. Submit a copy of your LTD determination letter to Benefits and Well-Being for proof of your disability.

You are considered disabled as determined by Standard Insurance Company under the long-term disability plan. See the "Long Term Disability" section in this booklet for details.

This coverage ends when you:

- Are no longer permanently and totally disabled
- Fail to provide the required proof of disability
- Fail to agree to a required health examination
- Reach age 65.

If your coverage ends and you don't qualify for this disability provision, you may be eligible to convert your life insurance to an individual policy. See page 10 for more information.

Filing a Claim

Depending on the situation, you or your beneficiary must notify Benefits and Well-Being within 30 days of a death, before benefits are payable. Benefits and Well-Being will provide the necessary claim loss forms and filing instructions.

The insurance carrier will require proof of loss (for example, certified copy of death certificate, accident report) before benefits are payable. An examination may be required at the insurance carrier's expense.

Appealing a Claim

When you become eligible for benefit payments, you must follow certain steps for filing a claim. If your claim is denied in whole or in part, you will be notified in writing of the reason for the denial within 90 days from the date you filed your claim. The notice will include information required if you want to appeal.

You may appeal a denied claim within 60 days of the date you receive the denial notice. This procedure is the only means available to change a benefit decision. To appeal, write to the plan and state the reasons you believe your claim should have been paid.

Include any additional documentation to support your claim. You also may submit questions or comments you think are appropriate, and you may review relevant documents.

Normally, you will receive a written decision on your appeal within 60 days of the date the plan receives your request. If special circumstances require a delay, you will be notified of the extension during the 60 days following receipt of your request.

Send your appeal to:

Life Claim Service Center
151 Farmington Avenue, SH21
Hartford CT 06156

Physical Exam and Autopsy

While a claim is pending, the insurance carrier has the right, as often as reasonably necessary, to have the covered person examined by a health or vocational professional of its choice and at its own expense.

The insurance carrier may also (at its expense) have an autopsy performed to determine benefit payment, unless prohibited by law.

When Coverage Ends

Refer to your "Important Facts" booklet for information on when coverage ends.

Converting Your Coverage

If you leave county employment for any reason, you may convert your basic and enhanced life insurance to an individual policy without providing evidence of insurability — if you apply within 31 days of the date your coverage ends.

If you die during the 31-day conversion period, your beneficiary or your estate receives the full amount of your life insurance coverage. This payment is made whether or not you actually applied for a conversion policy. If you already applied, your individual policy must be returned and any fees or premiums you paid will be refunded.

Call Aetna at 1-800-523-5065 for details on converting your coverage.

Termination and Amendment of the Plan

Refer to your “Important Facts” booklet for information on termination and amendment of the plan.

Definitions

Beneficiary. The person or organization you designate to receive any life or AD&D benefits payable at the time of your death.

Enrollment Period. Any period in which all eligible King County employees may apply for new or increased enhanced life insurance.

Salary. Your annual base pay excluding overtime, bonuses, premium pay or any other special pay.

Special Notice to Part-Time Local 587 Employees

Important Note

As a part-time Local 587 member, you may purchase life insurance for yourself. While many of the sections in this Life Insurance Summary apply, your coverage options differ in several important ways — this Special Notice explains how.

When reading the Life Insurance Summary, remember these points differ for part-time Local 587 members:

Amount of Coverage

The county does not provide basic life insurance to you. If you elect to purchase life insurance and die for any reason, your beneficiary receives \$20,000. This is the only amount you may choose.

Additional enhanced life insurance is not available to part-time Local 587 employees. Also, family members are not eligible for life insurance benefits.

Cost

If you elect life insurance, you pay a monthly premium through payroll deductions. See your enrollment materials for information on the monthly cost of coverage.

Evidence of Insurability

Evidence of insurability is required if you decide to enroll and must be acceptable to the insurance company before coverage begins.

Accidental Death & Dismemberment (AD&D)

Attention Part-Time Local 587 Employees:

You are not eligible for these AD&D benefits and options.

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Highlights

Here are a few highlights of your AD&D insurance:

- If you are injured in a covered accident while participating in the AD&D insurance plan, plan payments depend on the type of loss.
- You may purchase additional AD&D insurance (called “enhanced” coverage) for you and your eligible family members. See your “Important Facts” booklet for eligibility information.
- If you die in a covered accident, your beneficiary receives AD&D benefits in addition to your life insurance benefits.
- You must enroll in enhanced AD&D insurance to enroll your eligible family members.

Basic and enhanced AD&D insurance is provided by Life Insurance Company of North America.

Important Facts

This booklet describes your AD&D insurance. However, there are many important topics including laws, regulations and county provisions that affect more than just this plan. These provisions can change frequently. To be more efficient, and avoid repetition, we included the following topics in your “Important Facts” booklet:

- What Happens If (you marry or establish a domestic partnership, your employment ends with the county, etc.)
- Eligibility
- Enrolling in the Plans (Making Changes)
- When Coverage Begins
- When Coverage Ends
- Termination and Amendment of the Plans.

Who’s Eligible

Refer to your “Important Facts” booklet for information about eligibility and appealing eligibility.

Cost

The county pays the entire cost of *basic* AD&D insurance for eligible employees. If you elect *enhanced* AD&D insurance, you pay a monthly premium through payroll deduction. Your cost depends on the coverage option(s) you select and the family members you cover.

See your enrollment materials for information on the monthly cost of coverage.

Enrolling in the Plan

You will automatically receive basic AD&D insurance for yourself when you become eligible. If you are a newly hired employee and you want enhanced coverage, you must submit a completed enrollment form to Benefits and Well-Being within 30 days of your hire date; otherwise, you will not receive enhanced coverage. See your enrollment materials for details.

Naming a Beneficiary

You will be asked to complete a form naming your beneficiary for AD&D insurance (even if you don't elect enhanced coverage). You must indicate the percentage you want each beneficiary to receive; the total for all beneficiaries must equal 100%. You may change your beneficiary at any time by completing a new beneficiary form and sending it to Benefits and Well-Being.

You may name anyone you wish as your primary or contingent beneficiary, you may also name more than one beneficiary. If you're married and you do not choose to list your spouse as your only beneficiary, your spouse must sign the spouse waiver on the enrollment form.

Benefits will be paid according to the most recently signed beneficiary form. If you do not name a beneficiary, benefits will be paid to your spouse, your children, your parents or your siblings, in that order. If none of them survives you, benefits will be paid to your estate.

Benefits for dismemberment are paid to you (or to a legal guardian if you are mentally incompetent). If you elect enhanced AD&D coverage for your family members and your covered family member dies, you will be the beneficiary.

Evidence of Insurability

Evidence of insurability is not required for AD&D insurance.

Making Changes

Refer to your "Important Facts" booklet for information about making changes to your coverage.

When Coverage Begins

Refer to your "Important Facts" booklet for information on when coverage begins.

Your AD&D Insurance

AD&D insurance benefits are payable if you die, are dismembered or are paralyzed within 1 year of a covered accident. The county provides your basic AD&D insurance at no cost to you. You may purchase additional AD&D insurance (called "enhanced" coverage) for yourself and pay by payroll deduction. You may also purchase AD&D insurance for your eligible family members, if you enroll yourself in enhanced coverage.

Amount of Coverage

Employees: You receive basic AD&D insurance of 1 times your salary (rounded to the next higher \$1,000) to a maximum of \$400,000. Salary means your annual base pay excluding overtime, bonuses, premium pay or any other special pay.

You may also buy \$50,000 to \$500,000 of enhanced AD&D coverage. The amount you elect — plus the amount of your basic coverage — will be referred to as your “full benefit amount” in this booklet.

Family Members: Family AD&D insurance helps protect you against financial burdens associated with a family member’s accidental death, injury, paralysis or dismemberment. (See your “Important Facts” booklet for eligibility information.)

If you elect enhanced AD&D insurance for yourself, you may also elect it for your family members.

You have the following options for enhanced AD&D insurance for your family members:

- Spouse/domestic partner — you can select either 100% or 50% of your own benefit amount, not to exceed \$500,000.
- Children — each covered child’s benefit amount will be 10% of yours. The premium is the same regardless of the number of children covered. Your children’s benefit amount cannot exceed \$50,000.

If you and your spouse or domestic partner are both eligible county employees, you may not cover each other as dependents. Either you or your spouse/domestic partner may cover your children – but not both.

Increase in the Amount of Coverage

If you elect enhanced coverage, after your coverage has been in effect for 12 consecutive months your initial enhanced benefit amount will be increased by 1% — and will increase by 1% of the initial benefit amount for each 12 consecutive months thereafter, until a maximum of 10% has been added to the original amount.

In no case will this coverage increase raise your monthly costs.

Reduction in the Amount of Coverage

When you reach age 70 your enhanced AD&D benefits will be reduced according to the following schedule:

At Age	Reduced By
70	30%
75	55%
80	70%
85	85%

When Benefits Are Available

Benefits are payable for death, dismemberment or paralysis which occurs within 365 days of the covered accident that caused it. To receive benefits, you or your dependent must be covered by the plan on the date of the accident.

Loss of Life: If you or a covered dependent dies in a covered accident, the full benefit amount is payable.

Accidental Dismemberment and Paralysis: AD&D insurance protects you against losses due to accidents. Depending on the type of loss or injury, this plan pays up to 100% of the full benefit amount. To help survivors of severe accidents adjust to new living circumstances, certain benefits are payable for paralysis, dismemberment and loss of eyesight, speech or hearing according to the following table.

Type of Loss	Benefits Payable
<ul style="list-style-type: none"> Life Both hands or both feet, or sight in both eyes or any combination Speech and hearing in both ears Quadriplegia: total paralysis of both arms and legs 	Full benefit amount*
<ul style="list-style-type: none"> Paraplegia: total paralysis of both legs 	75% of the full benefit amount*
<ul style="list-style-type: none"> 1 hand or 1 foot or sight in 1 eye Speech Hearing in both ears Hemiplegia: total paralysis of an arm and leg on 1 side of the body 	50% of the full benefit amount*
<ul style="list-style-type: none"> Thumb and index finger on the same hand 	25% of the full benefit amount*

*See "Amount of Coverage" on page 16 for details.

Only 1 amount — the largest you are entitled to receive — is paid for all losses resulting from a single accident.

A loss is defined as:

- Irrecoverable loss of hearing — loss of hearing which cannot be corrected by any hearing aid or device
- Loss of hand or foot — complete severance of a limb at or above the wrist or ankle joint
- Loss of sight — total and irrecoverable loss of sight
- Loss of speech — complete inability to communicate audibly in any degree
- Loss of thumb and index finger — complete severance of the thumb and index finger through or above the joint closest to the wrist
- Paralysis of a limb — complete and nonreversible loss of use, without severance of a limb (this loss must be determined by a physician to be complete and not reversible)
- Severance — complete separation and dismemberment of the limb from the body.

Additional Benefits

For Basic and Enhanced AD&D Coverage

The following benefits apply to both basic and enhanced AD&D coverage. These benefits are in addition to the coverage described in the previous sections.

Seatbelt Benefit: This plan pays an additional benefit if a seatbelt fails to protect you or a family member. If a covered person is wearing a properly fastened seatbelt in a private passenger car accident and dies as a result of injuries from the accident, the benefit amount will be increased by 10%, up to \$25,000.

A properly secured child restraint as defined by state law and approved by the National Highway Traffic Safety Administration that also qualifies as a seatbelt.

A copy of the police accident report must be submitted with the claim identifying the position of the seatbelt. If such certification is not available and it is unclear whether the covered person was wearing a properly fastened seatbelt, the designated beneficiary will receive a fixed benefit of \$1,000.

Coma Benefit: This plan pays an additional benefit if you or a covered family member enter a coma. If you enter a coma as the result of a covered accident, the plan pays a coma benefit as long as you (or your family member) entered the coma within 31 days of the accident. After 31 days, the plan makes monthly payments of 1% of the full benefit amount — up to 11 monthly payments. If you (or your family member) recovers, the payments will stop.

If you (or your family member) dies as a result of a covered accident, while receiving the monthly coma benefit payments, the plan pays the accidental death benefit amount (the amount already paid is not subtracted from the death benefit amount). See “Loss of Life” on page 17 for details.

If the coma continues after the 11 monthly payments have been made, you (or your family member) will be entitled to a lump sum payment equal to the full benefit amount, minus any amount the plan paid or owes under the dismemberment and paralysis benefit. No further benefit will be paid from this plan and coverage will end.

No coma benefits will be paid for any loss excluded from the plan. In addition, coma benefits are not payable for a loss resulting from sickness, disease, bodily infirmity or a medical or surgical treatment, or a bacterial or viral infection regardless of how contracted. This does not include bacterial infection that is a result of an accidental external injury or food poisoning.

Rehabilitation Benefit: If you or a covered family member experience a covered loss or injury, this plan pays an additional benefit for covered rehabilitative expenses due to this loss or injury. These rehabilitative expenses must be incurred within 2 years of the date of the accident up to a maximum of \$10,000 for all injuries caused by the same accident.

For Basic AD&D Coverage

The following benefit applies to basic AD&D coverage only. This benefit is in addition to the coverage described in the previous sections.

Felonious Assault Benefit: If you are injured or killed as a result of a felonious assault while on county property or on county business, this plan pays up to an additional 25% benefit (up to \$100,000). This additional benefit is available if your injury or death is the result of robbery, holdup

or attempt thereat — or kidnapping associated with a holdup. Felonious assault inflicted by fellow employees, or members of your family or household are not covered.

For Enhanced AD&D Coverage

The following benefits apply to enhanced AD&D coverage only. These benefits are in addition to the coverage described in the previous sections. You must cover your children to receive these additional child-related benefits.

Special Care Benefit for Children: This AD&D benefit helps you if your child survives a severe covered accident. If your insured child has a covered accidental injury, you receive double the benefit amount, up to \$50,000. If your child has 2 covered losses, only the larger amount payable will be doubled. If — in addition to a covered loss — your child dies within 90 days of the covered accident, only the death benefit is payable. This benefit can help you cope with the ongoing financial obligations associated with caring for a child who requires continued medical attention, rehabilitation services and a specialized education. You must cover your children to receive these additional child-related benefits.

Child Care Benefit: If you or your insured spouse dies as a result of a covered accident — and you have a surviving child under age 13 in a licensed child care center, as defined by the plan — at the time of your death or within 1 year, a child care benefit is payable. This is an annual sum for each covered child of up to 2% of your benefit amount up to a maximum of \$2,500 a year until the child enters first grade (or for 5 straight years, whichever occurs first).

If, at the time of the accident, coverage for a dependent child is in force, but there is no dependent child who qualifies, the designated beneficiary will receive an additional benefit of \$1,500.

The payment is made to the child's surviving custodial parent or legal guardian. Each payment is made at the end of a 12-month period in which there were documented child care center expenses.

College Education Benefit: If you elect child coverage and you or your spouse/domestic partner die in a covered accident, the plan pays an extra benefit for each covered child enrolled in college or in the 12th grade and enrolled in college within 1 year of the accident. To help pay college expenses, your benefit amount increases by 2% (up to \$5,000) for each qualifying child. This benefit is payable each year for 4 consecutive years as long as your children continue their college education.

If you don't have a qualifying child, your beneficiary receives an additional \$1,000.

Violent Crime Benefit: This plan pays up to an additional 25% benefit (up to \$100,000) if you or a covered family member suffer a covered loss due to a violent crime. The plan also pays an additional benefit for hospital confinement as a result of a violent crime — \$100 a day up to a maximum of 10 days (hospital confinement must begin within 30 days of the crime).

This additional benefit applies to these crimes:

- Actual or attempted robbery or holdup
- Actual or attempted kidnapping
- Any other type of intentional assault that is a crime classified as a felony based on governing statute or common law in the state where the felony occurred.

Violent crimes committed by you, your family member, a member of your household, or a fellow employee are not covered.

Exclusions and Limitations

No AD&D benefits will be paid for loss resulting from:

- Intentionally self-inflicted injuries, or any attempt threat, while sane or insane.
- Declared or undeclared war or act of war.
- Accident occurring while the Insured is serving on full-time active duty for more than 30 days in any Armed Forces. (Send us proof of service. We will refund any premium paid for this time.) (Reserve or National Guard active duty for training is not excluded.)
- Travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth's surface, if:
 - The aircraft or device is being used:
 - For test or experimental purposes; or
 - By or for any military authority. (Aircraft flown by the US Military Airlift Command (MAC) or similar service of another country are not excluded); or
 - For travel, or is designed for travel, beyond the earth's atmosphere; or
 - By or for the named organizations or any of its subsidiaries and affiliates. (This exclusion applies whether the aircraft or device is owned, leased, operated or controlled, as defined. Chartered aircraft, as defined, are not excluded); or
- The covered person is:
 - Serving as pilot or crew member (or student taking flying lesson) and is not riding as a passenger; or
 - Hang-gliding; or
 - Parachuting, except where the covered person has to make a parachute jump for self-preservation.
- Commission of a felony by the covered person.
- Sickness, disease, bodily or mental infirmity, or medical or surgical treatment thereof or bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound, or accidental food poisoning.

What Happens If

If You Take a Leave of Absence

Once your leave has been approved by your supervisor and personnel representative, you must contact Benefits and Well-Being to make arrangements for continuing your AD&D coverage during a leave of absence. You may continue your AD&D coverage for up to 6 months by paying the premiums.

If You Become Disabled

Your *basic* AD&D insurance continues at no cost to you (up to 6 months) while you're unable to work due to disability.

To continue *enhanced* AD&D insurance, you must provide Benefits and Well-Being with proof of your disability within 12 months after your disability begins, and annually thereafter. You must also

pay your premiums directly to Benefits and Well-Being. Submit a copy of your LTD determination letter to Benefits and Well-Being for proof of your disability.

If You Become Disabled (cont'd)

You are considered disabled as determined by Standard Insurance Company under the long-term disability plan. See the “Long Term Disability” section in this booklet.

This coverage ends when you:

- Are no longer permanently and totally disabled
- Fail to provide the required proof of disability
- Fail to agree to a required health examination
- Reach the end of 6 months.

If your coverage ends and you don't qualify for this disability provision, you may be eligible to convert your AD&D insurance to an individual policy. See page 22 for more information.

Filing a Claim

Depending on the situation, you or your beneficiary must notify Benefits and Well-Being within 30 days of any death, dismemberment or paralysis before benefits are payable. Benefits and Well-Being will assist you with filing the necessary claim loss forms.

The insurance carrier will require proof of loss (for example, certified copy of death certificate, accident report) before benefits are payable. An examination may be required at the insurance carrier's expense.

Appealing a Claim

When you become eligible for benefit payments, you must follow certain steps for filing a claim. If your claim is denied in whole or in part, you will be notified in writing of the reason for the denial within 90 days from the date you filed your claim. The notice will include information required if you want to appeal.

You may appeal a denied claim within 60 days of the date you receive the denial notice. This procedure is the only means available to change a benefit decision. To appeal, write to the plan and state the reasons you believe your claim should have been paid.

Include any additional documentation to support your claim. You also may submit questions or comments you think are appropriate, and you may review relevant documents.

Normally, you will receive a written decision on your appeal within 60 days of the date the plan receives your request. If special circumstances require a delay, you will be notified of the extension during the 60 days following receipt of your request.

Send your appeal to:

CIGNA Group Insurance
12225 Greenville Avenue, Suite 655-LB179
Dallas TX 75243-9348

Physical Exam and Autopsy

While a claim is pending, the insurance carrier has the right, as often as reasonably necessary, to have the covered person examined by a health or vocational professional of its choice and at its own expense.

The insurance carrier may also (at its expense) have an autopsy performed to determine benefit payment, unless prohibited by law.

When Coverage Ends

Refer to your “Important Facts” booklet for information on when coverage ends.

Converting Your Coverage

If this group coverage ends for any reason except nonpayment of premium, you can convert to an individual policy. No evidence of insurability is needed. To continue coverage as long as you and your dependent spouse/domestic partner are under age 70, apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Family members may convert their coverage as well.

Converted policies are subject to certain benefits and limits as outlined in your conversion brochure, which is available from Benefits and Well-Being.

Call CIGNA at 1-800-441-1832 for details on converting your coverage.

Termination and Amendment of the Plan

Refer to your “Important Facts” booklet for information on termination and amendment of the plan.

Definitions

To help you better understand your AD&D benefits, here’s a list of important definitions.

Beneficiary. The person or organization you designate to receive any life or AD&D benefits payable at the time of your death.

Chartered Aircraft. One you do not own. It will be hired for one purpose or one trip or for general use. The time you have it may not exceed 10 straight days nor more than 15 days in any one year. One or more aircraft hired on a regular or frequent basis are not chartered.

Covered Accident. An event that causes bodily injuries while covered by the AD&D insurance plan. The bodily injury must directly result in a covered loss. See page 20 for accidents that are not covered.

Definitions (cont'd)

Leased Aircraft. One you do not own. You use the aircraft as you wish for the term of the written lease. The time will be longer than a few days or one or two trips. You cannot alter or sell the aircraft without consent of the owner.

Operated or Controlled Aircraft. One you do not own. It will be leased, rented or borrowed for more than 10 straight days. You can use it as you wish. You can not alter or sell the aircraft without consent of the owner.

Owned Aircraft. One to which you hold legal or equitable title. You can use, alter or sell your property as you wish.

Salary. Your annual base pay excluding overtime, bonuses, premium pay or any other special pay.

Special Notice – Part-Time Local 587 Employees

AD&D benefits are not available to Part-Time Local 587 employees.

Long Term Disability (LTD)

Attention Part-Time Local 587 Employees:

You are not eligible for these Long Term Disability (LTD)
benefits and options.

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Highlights

Here are a few highlights of your LTD insurance:

- If a physical disease, injury, pregnancy or mental disorder forces you to stop working for an extended period of time, you may be eligible for long term disability (LTD) benefits from this plan. The LTD Plan pays you a monthly benefit for as long as you are disabled, up to the maximum benefit period described on page 31.
- Basic LTD benefits are automatically provided at no cost to you.
- You may purchase enhanced LTD coverage for yourself. Enhanced LTD coverage does not provide additional benefits; instead, it increases the maximum monthly benefit payable and shortens the benefit waiting period. (See pages 27 and 30 for details.) LTD coverage is not available for family members.

The LTD Plan is insured by Standard Insurance Company.

Important Facts

This booklet describes your LTD insurance. However, there are many important topics including laws, regulations and county provisions that affect more than just this plan. These provisions can change frequently. To be more efficient, and avoid repetition, we included the following topics in your “Important Facts” booklet:

- What Happens If (you marry or establish a domestic partnership, your employment ends with the county, etc.)
- Eligibility
- Enrolling in the Plans (Making Changes)
- When Coverage Begins
- When Coverage Ends
- Termination and Amendment of the Plans.

Who’s Eligible

Refer to your “Important Facts” booklet for information about eligibility and appealing eligibility.

Cost

The county pays the entire cost of *basic* LTD coverage for eligible employees. You may purchase *enhanced* LTD coverage and pay monthly premiums by payroll deduction. See your enrollment materials for more information on cost.

Enrolling in the Plan

You will automatically receive basic LTD coverage when you become eligible. If you are a newly hired employee and you want enhanced coverage, you must submit a completed enrollment form to Benefits and Well-Being within 30 days of your hire date. If you do not submit your enrollment form

within 30 days of your hire date, you will not receive enhanced coverage. See your enrollment materials for details.

Making Changes

You may drop enhanced coverage anytime during the year. Each year during open enrollment, you may add enhanced coverage.

When Coverage Begins

Refer to your “Important Facts” booklet for information on when coverage begins.

Your LTD Insurance

Here’s how the LTD Plan works:

- If you become disabled, LTD benefits begin after the benefit waiting period. (See definition on page 33.)
- The plan pays monthly benefits while you remain disabled, normally to age 65.
- If your disability begins after you reach age 61, your maximum benefit period depends on your age. (See “Duration of Benefits” on page 31.)

If you become disabled, you also may be eligible to receive benefits from a number of other sources, such as Social Security or workers’ compensation. If so, your LTD benefits will be reduced by the amount you receive from these other sources so the total you receive from all sources equals 60% of your base salary.

Any benefits you receive from an individual disability insurance policy will not reduce the benefits you receive from your county LTD insurance. (See “Other Income Benefits” on page 29 for details.)

Amount of Coverage

Your LTD insurance supplements other income to provide a total of up to 60% of your predisability earnings. Your predisability earnings will be based on your earnings in effect on your last full day of active work. Any subsequent change in your earnings will not affect your LTD benefit. The minimum monthly benefit is the greater of \$100 or 10% of your gross monthly benefit. The maximum monthly benefit for basic LTD coverage is \$6,000 or — if you elect enhanced LTD coverage — your maximum is \$7,200.

Calculating Your Benefits

To estimate your monthly total disability benefits, use this formula:

Predisability earnings
times
.60
minus
Other income benefits
equals
Your monthly total disability benefits

Definition of Predisability Earnings: The amount of your pay from the county each month before overtime pay, premium pay, bonuses or other extra compensation and taxes.

Example

Here's an example: Let's say your predisability earnings are \$2,500 a month and you receive \$500 a month from other income. This is how you'd calculate your monthly total disability benefits:

\$2,500
times
.60 (which is \$1,500)
minus
\$500
equals
\$1,000 (your monthly total disability benefits)

For information about how to calculate your partial disability, contact Benefits and Well-Being.

Return to Work Incentive

This plan encourages you to return to work during and after your disability.

During the first 12 months: If you work while disabled, you receive your LTD benefit plus your work earnings, up to 100% of your predisability earnings.

After the first 12 months: If you work while disabled, you receive your LTD benefit plus one-half of your work earnings.

Work earnings means your gross monthly earnings from work you perform while disabled, including earnings from the county, another employer or self-employment.

Other Income Benefits

Other income benefits that offset your LTD payments are those benefits provided or available to you while your monthly LTD is payable. These other income benefits, except county-sponsored retirement benefits, must be because of your disability. These could include:

- Disability benefits under workers' compensation or similar law, or any federal, state or local government program
- Disability benefits you receive or are eligible to receive under any other group insurance coverage
- Sick pay or other salary continuation (not including vacation pay)
- Disability or retirement benefits for you and your dependents from Social Security as a result of your disability or retirement
- Disability or retirement benefits you're eligible to receive from the county's retirement plan.

To receive maximum income while disabled, you must file for all of these other benefits as soon as you become eligible.

Any lump sum benefits you receive from this plan will be broken down into monthly installments over the specified time period of the lump sum payment. If no period is stated, it will be prorated over a reasonable time.

You must pursue other income benefits for which you may be eligible. Benefits and Well Being or Standard Insurance Company may ask for written documentation of your pursuit of other income benefits. You must provide it within 60 days after the request is mailed to you. Otherwise, Standard Insurance Company may reduce your LTD benefits by the amount estimated that you would be eligible to receive upon proper pursuit of other income benefits.

Standard Insurance Company will notify you of the amount of any overpayment of your claim. You must immediately repay Standard Insurance Company. You will not receive any LTD benefits until Standard Insurance Company has been repaid in full.

Exclusions and Limitations

No LTD benefit is payable for a disability that is caused by or contributed to by:

- War or any act of war (declared or undeclared)
- Intentionally self-inflicted injury, while sane or insane
- Active participation in a riot, or violent disorder
- Committing or attempting to commit an assault or felony
- A preexisting condition, except as described below.

No LTD benefits will be paid for any period of disability when you are not under the ongoing care of a physician.

Mental Disorder

Payment of LTD benefits is limited to 24 months for each period of continuous disability caused or contributed to by a mental disorder. However, if you are confined in a hospital at the end of the 24 months, this limitation will not apply while you are continuously confined. (See page 34 for the plan's definition of mental disorder and for the plan's definition of hospital.)

Preexisting Conditions

You will not receive LTD benefits for a disability caused or contributed to by a preexisting condition unless, on the day you become disabled, you've been continuously covered for at least 12 months and actively at work for at least 1 full day after those 12 months.

A preexisting condition means a mental or physical condition for which — during the 90 days before your coverage begins — you've:

- Consulted a physician
- Received medical treatment or services, or
- Taken prescribed drugs or medications.

When You Receive Benefits

You may be eligible to receive LTD plan benefits if you:

- Remain disabled for the benefit waiting period
- Provide proof of continued disability, and
- Have regular and continuing care by a physician for the disabling condition.

After Standard Insurance Company receives and accepts proof of your disability, benefits are paid monthly. If you are not disabled for a complete month, an amount equal to 1/30 of the LTD benefit is payable for each day of the disability.

Your disability benefits under this plan are subject to federal income tax. If you elect *enhanced* LTD coverage, your benefits for the first 90 days are not subject to federal income tax.

Benefit Waiting Period

Once you are eligible, you must be disabled for 180 days before basic LTD benefits are payable. If you elect *enhanced* LTD coverage, the benefit waiting period is shortened to 90 days.

Duration of Benefits

Your monthly LTD benefit will end on the earliest of the date:

- You are no longer disabled
- You die
- You do not provide proof of continued disability as requested
- Your partial disability earnings exceed 80% of indexed predisability earnings, or
- You reach your maximum benefit period, as shown in the following table.

If your disability begins at this age:	Your maximum benefit period is:
Age 61 or younger	To age 65 (or for 42 months, if longer)
Age 62	42 months
Age 63	36 months
Age 64	30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and older	12 months

What Happens If

If You Take a Leave of Absence

Once your leave has been approved by your supervisor and personnel representative, you must contact Benefits and Well-Being to make arrangements for continuing your LTD coverage during a leave of absence. While on leave, you may continue your LTD insurance for up to 30 days by paying the premiums. If required by law, your continuation of LTD benefits may exceed this 30-day limit.

If You Become Disabled Again

If you return to work from a disability in which you received LTD benefits, and you become disabled again from the same cause or causes, your benefit waiting period might be waived for the second disability. For your benefit waiting period to be waived, the successive disabilities must be separated by a return to full-time work of less than 180 days.

Filing a Claim

If you have been disabled for at least 30 days and it seems likely your disability will last for the duration of the benefit waiting period, contact Benefits and Well-Being for appropriate claim forms.

Return the completed claim forms to Standard Insurance Company within 90 days before the end of the benefit waiting period, or as soon as reasonably possible.

In response, Standard Insurance Company may send you or your attending physician (with your authorization) a request for additional information. Proof of claim consists of at least the following information:

- Date the disability occurred
- Cause of disability
- Physician's statement of diagnosis and anticipated duration of disability.

No claim is payable until Standard Insurance Company approves it.

Appealing a Claim

When you become eligible for benefit payments, you must follow certain steps for filing a claim. If your claim is denied in whole or in part, you will be notified in writing of the reason for the denial within 90 days from the date you filed your claim. The notice will include information required if you want to appeal.

You may appeal a denied claim within 60 days of the date you receive the denial notice. This procedure is the only means available to change a benefit decision. To appeal, write to Standard Insurance Company and state the reasons you believe your claim should have been paid.

Include any additional documentation to support your claim. You also may submit questions or comments you think are appropriate, and you may review relevant non-privileged documents.

Normally, you will receive a written decision on your appeal within 60 days of the date the plan receives your request. If special circumstances require a delay, you will be notified of the extension during the 60 days following receipt of your request.

Send your appeal to:

Standard Insurance Company
PO Box 2800
Portland OR 97208-2800

Physical Exam

To determine if LTD benefits should be allowed or continued, Standard has the right, as often as reasonably required, to have you examined at reasonable intervals by specialists of Standard's choice.

Coordination with Social Security

After you have been disabled for 5 months, you may be entitled to Social Security disability benefits. Because the amount of your LTD benefit is affected in part by Social Security benefits for which you may be eligible, you must apply for Social Security if it appears you'll be disabled for 5 months or longer, and provide Standard Insurance Company with proof of your application within 60 days of the request for LTD benefits.

When Coverage Ends

Refer to your "Important Facts" booklet for information on when coverage ends.

Converting Your Coverage

If you leave county employment and have been covered under the LTD plan for at least 12 consecutive months, you may be eligible to buy LTD conversion insurance with Standard Insurance Company. Benefits will differ from the county plan's benefits. You must apply in writing and pay the first premium within 31 days after your insurance ends. Refer to your certificate, or call Benefits and Well-Being for more information.

Assignment of Benefits

Your rights and benefits under this LTD plan are not assignable. In other words, you may not transfer your rights and benefits to another party.

Termination and Amendment of the Plan

Refer to your "Important Facts" booklet for information on termination and amendment of the plan.

Definitions

To help you better understand your LTD coverage, here's a list of important definitions.

Benefit Waiting Period. The benefit waiting period is the continuous time you must be disabled before LTD benefits begin.

Disability. Until LTD benefits have been paid for 24 months, you are disabled if you are unable to perform — with reasonable continuity — the material duties of your own occupation. Thereafter, you will continue to be considered disabled if you are unable to perform — with reasonable continuity — the material duties of any gainful occupation for which you are reasonably fitted by education, training and experience.

Gross Monthly Benefit. Your monthly LTD benefit before any reduction of other income benefits.

Hospital. A legally operated hospital providing full-time medical care and treatment under the direction of a full-time staff of licensed physicians. Rest homes, nursing homes, convalescent homes, homes for the aged and facilities primarily affording custodial, educational or rehabilitative care are not hospitals.

Indexed Predisability Earnings. A recalculation of your predisability earnings — after 1 year of disability and then on each anniversary — including an annual adjustment of the lesser of:

- 10%, or
- Annual percentage increase in the Consumer Price Index for Wage Earners and Clerical Workers for the prior calendar year as published by the Department of Labor.

Mental disorder. Any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress-related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of cause, including any biological or biochemical disorder or imbalance of the brain. Mental disorder includes, but is not limited to, bipolar affective disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders.

Open Enrollment. The annual period in which eligible King County employees may elect enhanced LTD coverage.

Partial Disability. Until LTD benefits have been paid for 24 months, you are partially disabled when you work in your own occupation but — because of physical disease, injury, pregnancy or mental disorder — you are unable to earn more than 80% of your indexed predisability earnings. Thereafter, you will continue to be considered partially disabled if you work in an occupation but — because of physical disease, injury, pregnancy or mental disorder — you are unable to earn more than 80% of your indexed predisability earnings in that occupation and all other occupations for which you are reasonably fitted by education, training and experience.

Physical Disease. A physical disease entity or process that produces structural or functional changes in your body as diagnosed by a physician.

Predisability Earnings. The amount of your pay from the county each month before premium pay, bonuses, overtime pay, or other extra compensation and taxes. This amount is determined on the date coverage begins and changes on the date of any pay adjustment you receive if you are actively at work.

Preexisting Condition. A mental or physical condition for which you consulted a physician, received medical treatment or services or took prescribed drugs or medication during the 90-day period before your coverage begins. (This plan does not pay benefits for preexisting conditions — unless on the date you become disabled — you have been continuously covered for at least 12 months and actively at work for at least 1 full day after those 12 months.)

Work Earnings. Your gross monthly earnings from work you perform while disabled, including earnings from the county, another employer or self-employment.

Special Notice – Part-Time Local 587 Employees

LTD benefits are not available to part-time Local 587 employees.

Notes
